

PATENT

Attorney's Docket No. RA 5327 (USYS.020PA)

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type:

- original
- design
- supplemental
- divisional
- continuation
- continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

**METHOD AND APPARATUS FOR OPERATING A DATA PROCESSING SYSTEM
USING MULTIPLE CONSOLE VIEWS**

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

- (a) is attached hereto.
- (b) was filed on _____ as Serial No. 0 / _____
 Express Mail No., as Serial No. not yet known _____

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I reviewed and understand the contents of the above identified specification, including the claims, as amended by an amendment referred to above.

I acknowledge the duty to disclose information

- which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and

- In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name	Title	Registration Number
LeRoy D Maunu	Attorney	35,274
Charles A. Johnson	Attorney	20,852
Michael B. Atlass	Attorney	30,606
Mark T. Starr	Attorney	28,762

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

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DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of first inventor KRISTINE J. WILSON

KRISTINE
(GIVEN NAME)

J.
(MIDDLE INITIAL OR NAME)

WILSON
FAMILY (OR LAST NAME)

Inventor's signature

Date 4/11/01 Country of Citizenship USA

Residence 1766 Lake Valentine Road, Arden Hills, MN 55112

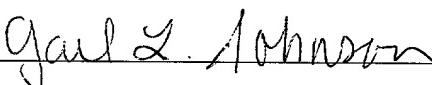
Post Office Address 1766 Lake Valentine Road, Arden Hills, MN 55112

Full name of second inventor MARK A. WIGGINS

<u>MARK</u> (GIVEN NAME)	<u>A.</u> (MIDDLE INITIAL OR NAME)	<u>WIGGINS</u> FAMILY (OR LAST NAME)
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Inventor's signature Date 4/11/01 Country of Citizenship USAResidence 922 West County Road D., St. Paul, MN 55126Post Office Address 922 West County Road D., St. Paul, MN 55126Full name of third inventor GAIL L. JOHNSON

<u>GAIL</u> (GIVEN NAME)	<u>L.</u> (MIDDLE INITIAL OR NAME)	<u>JOHNSON</u> FAMILY (OR LAST NAME)
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Inventor's signature Date 4/11/01 Country of Citizenship USAResidence 1926 Lakeaires Blvd., White Bear Lake, MN 55110Post Office Address 1926 Lakeaires Blvd., White Bear Lake, MN 55110Full name of fourth inventor KATE H. TSAI

<u>KATE</u> (GIVEN NAME)	<u>H.</u> (MIDDLE INITIAL OR NAME)	<u>TSAI</u> FAMILY (OR LAST NAME)
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Inventor's signature Date 4/11/01 Country of Citizenship USAResidence 12364 Zealand Circle North, Champlin, MN 55316Post Office Address 12364 Zealand Circle North, Champlin, MN 55316